Physicians, Women and Slaves
The Professionalization of medicine in the Long Nineteenth Century

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Abstract

In nineteenth-century America, the professionalization of medicine elevated the status of doctors within American society, resulting in increased authority and public respect for the profession. This transition manifested through the publication of professional and popular medical literature published between 1840 and 1910. Although there have been examinations of the effects of professionalization on women and the enslaved, there is little research into the way that it manifested itself through the literature. Public perception of women and the enslaved was directly affected by biomedical research, as well as social and intellectual thought. Although these theories were debated and not entirely embraced by laypeople, the authority claimed by doctors as the only providers of true medical knowledge gave them legitimacy. These ideas became ideals within society and defined what it meant to be male or female, black or white. This thesis contends that the perception of women and the enslaved was negatively affected by the professionalization of medicine and was reflected through various publications, which were consumed by the public and professionals alike. One of the effects was to affirm cultural stereotypes of white women as weak and inferior to white men. The other was that male and female enslaved Africans were categorized scientifically as racially inferior to white men and white women. This increased the lifespan of proslavery arguments and created a legacy of prejudicial thought that carried over well into the twentieth century. While professionalization was beneficial to doctors, their newfound authority allowed them to legitimize the subordination of women and the enslaved.

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Introduction

In nineteenth-century America, the professionalization of medicine created and elevated the status of doctors within American society, resulting in increased authority and public respect for the profession. This transition manifested through the publication of professional and popular medical literature published between 1840 and 1910 that it dictated and reinforced cultural norms related to the practice of medicine. The perception of women and the enslaved was affected by the professionalization of medicine and was reflected through various publications.

Prior to professionalization, the public did not rely on physicians as the authoritative source of medical knowledge. Public confidence in physicians was undermined by an array of patent medicines, sectarian medical practices, and spiritual practices. There was no standard for treatment except for procedures that were inherited from traditional medicine, such as bleeding or purging. These methods were harsh and not guaranteed to be effective. In addition, there were no educational standards for physicians. Whether a practitioner received formal training or took one seminar class, they advertised themselves as a doctor. Therefore it was not unusual for people to seek medical treatments outside of the realm of traditional medicine. For physicians, professionalization meant standardizing educational requirements and separating quack medicine from scholarly medicine. This created standards of medical treatment that credentialed physicians adopted and the public expected.

Many scholars have written about the professionalization of medicine in America. The nineteenth century was a time of transformation for biomedical science as well as for

the field of healthcare. In the 1980s and 1990s, scholars examined the transformation and considered its broader implications for American culture. William G. Rothstein's *American Physicians in the Nineteenth Century: From Sects to Science* (1992), John Haller's *American Medicine in Transition 1840-1910* (1981) and John Duffy's *From Humors to Medical Science: A History of American Medicine* (1993) all explore the professionalization of medicine and the fringe medical sects that existed alongside of traditional medicine. Not only did formally educated physicians have to compete with each other for clients, they had to compete with homeopathic providers and patent medicines. This created a hostile atmosphere and much of the literature generated by these doctors reflects frustration, particularly the literature regarding education reform. Scholars such as Martin Kaufman and John Duffy have discussed the debate between doctors about what type of an education a physician really needed. Some wanted a well-rounded, liberal arts infused education while others felt that rigorous clinical training was the only education a physician needed.[1]

During the nineteenth century, an abundance of prescriptive medical literature circulated among middle class audiences, including pamphlets, books and broadsides. The majority of the physicians writing and publishing prescriptive literature for public consumption wrote about similar topics, such as hygiene, chastity and temperance. Prescriptive literature influenced the type of relationship that physicians cultivated with their clientele. Although pamphlets and advertisements circulated among both genders

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[1] William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science,* (Baltimore: Johns Hopkins University Press, 1992); John Haller's *American Medicine in Transition 1840-1910,* (Urbana: University of Chicago Press,1981); and John Duffy's *From Humors to Medical Science: A History of American Medicine* (Champaign, IL: University of Illinois Press, 1993.)

and all classes of society middle class women or women who aspired to be in the middle class were the largest consumers of prescriptive literature.

There has been much scholarship on women, femininity and the role of women in society in nineteenth century America. In *Mothers and Daughters in Nineteenth Century America: The Biosocial Construction of Femininity* (1988) Nancy Theriot considers the broad cultural changes affecting women in the 1800s, such as industrialization and the rise of the middle class. Lorna Duffin and Sara Delamont's (1978) *The Nineteenth Century Woman: Her Cultural and Physical World* examines the changes in education and healthcare for women in the nineteenth century. Sara Delamont analyzed the transition from female midwives to male midwives and physician-assisted births within the larger context of cultural changes that led to less control for women over their own bodies. Lorna Duffin studied the limitations society placed on women, such as the belief that reading fiction was too stimulating for the delicate constitution of females.[2]

The number of medical journals published within America more than doubled during the 1800s. Some journals were published by professionals for professionals. Others were published by professionals for public consumption. The correspondence between professionals within these journals gives historians a picture of how medicine developed under the effect of scientific innovation and social pressure. Technological innovation created new inventions and methods, such as surgical procedures, that were debated amongst practitioners through the literature. Concurrently, patent medicines and alternative treatments, such as hydropathy, were heavily advertised with grandiose claims

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[2] Nancy Theriot, *Mothers and Daughters in Nineteenth Century America: The Biosocial Construction of Femininity* (Lexington: University Press of Kentucky, 1988); Lorna Duffin and Sara Delamont, *The Nineteenth Century Woman: Her Cultural and Physical World,* (London: Croom Helm, 1978.)

regarding their benefits. Physicians tried to debunk the claims of quacks and encourage the public to put their faith in traditional medicine. The journals directed at the public serve as evidence of a developing patriarchal relationship between physicians and their middle-class clients.

The relationship between physicians and the middle-class women who patronized them, and between physicians and slaves, demonstrates the patriarchal position that physicians created for themselves as well. Race and gender dictated both the medical treatment provided and the physicians' relationship to the patients. This relationship is clearly defined in the literature published by doctors. Women were active participants in this relationship by consuming and adhering to the advice in these texts. They also created health and wellness literature. The enslaved were passive participants who were looked upon as medical curiosities. There were no texts directed toward the healthcare of Africans although public demand, particularly from slave holders, was high. Instead, those seeking medical advice on slave health looked to business journals such as *DeBow's Review* where occasional articles appeared.

At the time that medicine was professionalizing, most medicine was practiced in the home, using inherited treatments and techniques, experiential knowledge and prescriptive literature texts as guides. The woman of the house was usually in charge of healthcare. During the middle of the nineteenth century, medicine began an evolution from taking place in the home to occurring in hospitals. For example, women gave birth in their homes attended by female midwives. As the medical profession gained authority, the midwives were replaced by male midwives or physicians who attended the birth in the home. This transitioned to women giving birth in hospitals attended by male

physicians who increasingly were gynecological specialists. Women became reliant on the male physician for her health and wellness needs. While there were some women who became doctors, they were the minority and they usually reinforced the ideas that were contained in the texts. Prescriptive literature texts instructed women to rely on professional medical advice as the only real instruction in healthcare. As the nineteenth century progressed, medicine was taken out of women's hands and given to the male physician.

In this way, middle-class women and the enslaved shared a subordinate position to the medical profession. Medicine impacting southern slaves was divided between two different practices. The medicine practiced by and within the slave community was more holistic than the medical practices dominated by whites. Slave practitioners often preferred to use herbs and non-invasive means of treatment. Their medicine and medical treatments were derived from traditional African practices. Professional white medicine was interested in studying the enslaved because they believed that they were biologically different than their white counterparts and inherently inferior because of this difference. They were sometimes used as medical test-subjects for physicians and surgeons. The relationship between white medicine and African American patients, whether free or enslaved, was paternalistic and mirrored the relationship between women and physicians. Medical professionalization capitalized on the weak social position of women and slaves to reinforce the authority of physicians by reinforcing the cultural perception of women and the enslaved as inferior.

Scholars such as Todd Savitt and Marli Weiner have examined the issue of slavery and healthcare. Savitt's books *Medicine and Slavery: the Diseases and Health*

Care of Blacks in Antebellum Virginia (*1978) and Race and Medicine in Nineteenth and Early-Twentieth Century America* (2007) analyze the reality of healthcare for Africans during and post slavery. His statistics, drawn from plantation records and articles, show that when the enslaved became a precious resource, plantation owners invested in their health by taking them to physicians and hospitals for treatment. This arrangement also benefitted the physicians because they charged a special rate to the slave owners in order to increase the number of patients they treated. Therefore, the enslaved had access to healthcare comparable to free people, although the treatment they received was harsher and based on false scientific stereotypes. Savitt's research indicates that many of the inadequacies in healthcare for black Americans persist to this day because of the precedents set in the nineteenth century. In *Sex, Sickness and Slavery: Illness in the Antebellum South* (2012) Marli Weiner directly asserts that medicine played a unique role in reinforcing the subordinate position of the enslaved. Her study encompassed both free and enslaved men and women, based on sources such as diaries, letters and medical journals. Weiner discussed the way that women were labeled as biologically inferior through scientific means, which had particular significance in the south. Southern doctors had to create a delicate framework for defining superiority. Males were superior to females but black males were inferior to white females and black women were inferior to everyone. Doctors believed that disease presented itself differently in male versus female bodies as well as in white versus black bodies and there were differing standards for treatment and recovery based on these differences. The race, sex and place of bodies became important distinguishing characteristics for treating patients. Weiner stated that

doctors had clear financial and class-based reasons for perpetuating this complicated system.[3]

Although there have been examinations of the effects of professionalization on women and the enslaved, there is little research into the way that is manifested itself through the literature. Public perception of women and the enslaved was directly affected by biomedical research, as well as social and intellectual thought. Although these theories were debated and not entirely embraced by laypeople, the authority claimed by doctors as the only providers of true medical knowledge gave them legitimacy. Through professional and poplar literature, doctors disseminated their ideas for consumption. These ideas became ideals within society and defined what it meant to be male or female, black or white. This thesis contends that the perception of women and the enslaved was affected by the professionalization of medicine and was reflected through various publications, which were consumed by the public and professionals alike.

Chapter One, Perception and Professionalization, discusses the professionalization of medicine and contextualizes the change within the culture of medicine in nineteenth century America. The physician was perceived negatively by the public and by professionals. Medicine itself was seen as an intimidating evil that the public had not decided was necessary. This thesis argues that the push for standards in treatment and education was part of a conscious desire to improve the profession's public image and increase professional cohesion.

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[3] Tod Lee Savitt, *Medicine and Slavery: the Diseases and Health Care of Blacks in Antebellum Virginia,* (Urbana, University of Illinois Press,1978); Tod Lee Savitt, *Race and Medicine in Nineteenth and Early-Twentieth Century America* (Kent, OH: Kent State University Press, 2007); Marli Weiner, *Sex, Sickness and Slavery: Illness in the Antebellum South* (Urbana: University of Illinois Press, 2012.)

Chapter Two, Health and Wellness Texts in the Struggle for Medical Authority, considers the impact that prescriptive literature had on the public perception of women. Prescriptive literature texts included health and wellness texts as well as etiquette manuals. At the beginning of the nineteenth century, the health and wellness texts were instructional manuals designed to help women provide home healthcare. This was essential particularly in rural areas where skilled medical care was difficult to find. By the middle of the century, texts transitioned to include advice on how to eat, how to behave, how to dress, and how to think, as well as advertisements for physicians and patent medicines. When the twentieth century began, the texts had become philosophical and were often vehicles for social activists and peddlers of quack medicine. They helped to redefine women's role in society by disseminating ideas about how a woman was to behave and conduct. Women consumed these ideas and emulated them for other women, particularly their daughters. This thesis will show that doctors were essential in legitimizing this social transformation through health and wellness texts.

In contrast to the active participation of women, enslaved Africans were passive subjects for professional doctors. Chapter Three, Redefining Humanity: Nineteenth Century Physicians and the Enslaved, examines the relationship between the professionalization of medicine and the healthcare of the enslaved. The antebellum South provided doctors with opportunities to sell their services in hospitals and on plantations. Slaveholders were motivated to keep their slaves healthy because they were valuable and difficult to replace. Although much scientific literature circulated regarding the racial inferiority of Africans, there were no health and wellness texts and few articles in medical journals regarding medicine and Africans. Instead, slaveholders and doctors

looked for articles in nontraditional sources such as agricultural journals. This thesis argues that doctors contributed to the perception of Africans as inferior by endorsing theories of racial inferiority, which was perpetuated through periodicals and books as well as social custom.

The professionalization of medicine generated direct consequences for doctors. They achieved greater professional cohesion and social status. Professionalization had direct and indirect consequences for women and the enslaved. Medical knowledge became a commodity that only licensed professionals could dispense. The doctor became the ultimate source for healthcare. Women chose to rely on the doctors as the sole providers of medical knowledge and they traded their experiential knowledge for the scientific knowledge of the professional. The enslaved made no such decision. Although they preferred to rely on traditional African folk medical practices, they were forced to submit to professional medical providers. During treatment, doctors had complete control over their bodies, particularly females. Slaveholders had a particular interest regarding fertility and childbirth. Often, the enslaved were used as subjects for medical experimentation. These changes were reflected in professional and popular literature.

Chapter One: Professionalization and Perception

At the beginning of the nineteenth century, American medicine was more a disorganized discipline than a profession. There were no standards for education, licensure, or practice. Since there was little professional cohesion, new research and best practices were not often shared. A small amount of research was published as professional reading material. By the middle of the century, doctors began to organize themselves and create professional institutions. During the profession's transitional period from the 1840s to the 1910s, physicians remained in competition with providers of secular medicine and with each other. The deliberate professionalization of medicine allowed doctors to consciously create an image for them in society. In doing so, they debated with one another about the nature of their profession and the duty that they had to the public. Public perception of doctors was skewed to the negative due to ineffective and unpleasant treatments. Doctors hoped that professionalization would correct this perception and they published various documents in order to reinforce their new professional image.

In the early nineteenth century, medicine was considered a mediocre profession. The occupation of doctor did not guarantee the practitioner any social rank or privilege prior to the twentieth century because the paths to becoming a doctor were varied and compensation for services varied depending on what patients could pay. Likewise, the title of doctor did not guarantee patients a standard level of training or experience. A physician's level of education depended on his social rank and the social rank of his patients. Doctors who tended to the elites of society were from the upper-class

themselves. They were educated through medical schools and had often studied abroad because they had the funds to do so. Their income was commensurate with their experience and credentials. On the other hand, doctors whose clientele consisted of low-income patients usually had limited education and informal medical training. They were mostly self-taught, relied heavily on folk medicine and were not well-paid. Doctors who attended to the middle class had more education but it was not as formalized or thorough. A person could enroll in two or three medical classes and claim that they had received an education in medicine and therefore adopt the title of "doctor." The profession attracted few ideal candidates because it did not provide the monetary gain of other pursuits. Also, medicine did not offer the prestige that law and politics offered.[4] Motivated professional physicians sought to change this dynamic by creating a new niche for medicine in American society, both to strengthen the profession and to attract bright and capable minds to its ranks.[5]

In colonial America, when people immigrated to the New World, they brought their Old World medicine with them. Practitioners were classified into three groups: physicians, surgeons, and apothecaries. The doctors who made the journey were often trained in European medical colleges. Even into the eighteenth century, aspiring American physicians traveled back to Europe to receive education in medicine, provided

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[4] Daniel Drake, "Selection and Preparatory Education of Pupils," in *Medical America in the Nineteenth Century: Readings from the Literature*, ed. Gert H. Brieger, (Baltimore: Johns Hopkins University Press, 1990), 10.

[5] Information on the history of medicine in nineteenth century America from: John Duffy, *From Humors to Medical Science: A History of American Medicine*, (Champaign, IL: University of Illinois Press, 1993); John S. Haller and Robin M. Haller, *The Physician and Sexuality in Victorian America*, (Urbana, University of Illinois Press, 1974), John Haller, *American Medicine in Transition 1840-1910*, (Urbana: University of Illinois Press, 1981); Charles Rosenberg ed. *Right Living: An Anglo-American Tradition of Self-help Medicine and Hygiene.* (Baltimore: Johns Hopkins University Press, 2003.)

they had the means to do so. Edinburgh, London and Paris were the prime locations for receiving a medical education. When they did not travel overseas, pupils trained under physicians who had received formal education, in a type of apprenticeship arrangement. Medical care was provided by these apprentice-trained physicians, midwives, folk practitioners who were educated through experiential knowledge, ministers and government leaders. The old distinctions between a surgeon and a physician or a physician and an apothecary were blurred as the conditions of colonization made cross-practice necessary.[6]

Physicians relied heavily on professional publications from France and England, for continuing education and information on medicine, surgical procedures and technological development. Dispersion of knowledge was affected by the reproduction and distribution of professional literature. This tradition was interrupted by the Revolutionary War, which influenced the medical care provided to soldiers and civilians alike by disrupting communications and travel. After the war, communications and travel were restored. Medical education continued to rely heavily on European institutions for direction and research.[7]

The study of medicine in nineteenth century America has traditionally focused on the medical profession's transition to uniformity and conformity. In the 1800s, medicine effectively chronicled its own development through scholarly journals and monographs. A wealth of literature provided a means of professional communication for these physicians. The publication of professional letters, conference presentations and lectures was essential to the profession gaining cohesion. By analyzing these texts and journals,

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6 Duffy, *From Humors to Medical Science,* 1-12.

7 Ibid.

historians can create a picture of the great disorganization and competition that existed in medicine.

Numerous historians have examined the development of medical schools and standardization of practice in America. Thomas Booner's 1995 *Becoming a Physician: Medical Education in Britain, France, Germany and the United States 1750-1945* considers how medical education developed in these four countries. Although America was later in developing an education program for medicine than England, France or Germany, each country experienced similar struggles as medicine attempted to professionalize. The book discusses the social and political pressures that shaped medical education, as well as the parallels between each country. The book considers the ways that each country influenced or shaped the practice of medicine. Martin Kaufman's *American Medical Education: The Formative Years 1765-1910*, which was published in 1973, also discusses social and political pressures on medical education. However, this book discusses the issue of education reform alongside the reorganization of medicine as a profession and the advancement of biomedical science.[8] Most of the broad histories of nineteenth century medicine also discuss professionalization, such as Charles E. Rosenberg's *Right Living: An Anglo-American Tradition of Self-help Medicine and Hygiene* (2003) Lois Magner's *A History of Medicine* (1992,) and John Duffy's *From Humors to Medical Science: A History of American Medicine* (1993.)[9] Each of these texts

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[8] Thomas Booner, *Becoming a Physician: Medical Education in Britain, France, Germany and the United States 1750-1945,* (Baltimore: Johns Hopkins University Press, 2000); Martin Kaufman, *American Medical Education: The Formative Years 1765-1910,* (Westport, Connecticuit: Greenwood Press, 1976).

[9] Duffy, From *Humors to Medical Science*; Lois Magner, A History of Medicine, (New York: Marcel Deker, Inc, 1992); Charles E. Rosenberg, *Right Living: An Anglo-*

considers the effect of professionalization on American medicine within the context of a larger history.

During the nineteenth century, American medicine was in a state of internal conflict and confusion. Although some medical schools were in operation, there were no uniform standards for education or licensure and few professional institutions. Professionalization was a long process. In his 1983 article for the journal *Medical History*, "Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," S. E. D. Shortt gives statistics that describe professionalization in numerical terms:

> In the United States, a scant four medical colleges existed in 1800, but another seventy-three institutions were established by 1877. Though the quality of medical education varied enormously, and though licensing requirements were chaotic until after 1870, the professional gradually accumulated a variety of unifying institutions. Between 1797 and 1850, 117 American medical journals appeared; at the end of the century, 275 periodicals were published in the United States. By 1830, nearly all states in the Union possessed a medical society and these were supplemented by many local societies. On a national level, the American Medical Association…was joined by another fifteen national speciality groups between 1864 and 1902.[10]

The dialogue that directed all of this change came from speeches, articles, letters, minutes from meetings and debates between doctors. These materials were often published in professional journals.

The turmoil among practicing doctors was a factor that contributed to the change in the relationship between physicians and patients. In rural areas, the physician remained a primary provider of medical care and advice and was acquainted with his patients. In

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*American Tradition of Self-help Medicine and Hygiene, (*Baltimore: Johns Hopkins University Press, 2003).

[10] S.E.D. Shortt, "Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," *Medical History* 27, no. 1 (1983): 53.

urban areas, patients and physicians were most often strangers. This unfamiliarity, coupled with the uncertainty of new medicine, created a lack of trust that allowed for unorthodox medical treatments to compete with traditional medicine. Unorthodox medicine included alternative medical treatments, such as hydropathy, which was the application or ingestion of hot and cold water, or naturopathy, which was the ingestion or application of herbs and plants. Providers of unorthodox treatments advertised them heavily through professional and popular journals, newspapers, pamphlets, and health and wellness texts. Once these fads were adopted in the cities, they would trickle out to the rural areas via newspaper, pamphlet or text. Popular literature was especially important to this system of information distribution.

In nineteenth century America, the newly professionalized doctor was seen as a pillar of the community. This image was crafted for doctors through advertisements and testimonials. Doctors were looked upon as "moral philosophers." A new level of influence allowed them access to the most intimate details of patients' lives. Because of this access and intimacy, "doctors both fed and reflected secular culture…" As a result, doctors were encouraged to maintain and disseminate Christian values. The practice of medicine was seen as "eminently a Christian calling."[11] The ultimate goal of treatment was to prepare one's patient for eternal life.

Though doctors were taught in medical school to treat the human body equally with the mind, in practice there was greater emphasis on the condition of the mind and soul than on the science of medicine. Doctors were encouraged to embrace Christian values to help them avoid materialism and skepticism. Looking at the human body from a

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[11] John S. Haller., Robin M. Haller, *The Physician and Sexuality in Victorian America* (Urbana, University of Illinois Press, 1974), 14.

purely scientific perspective was believed to lead to the inability to treat the soul.[12] Prescriptive and purity literature regarding sexuality and reproduction was published as medical advice for popular consumption through books, pamphlets and newspapers. This literature derived from the philosophical belief that treating the soul was the best way to heal the body. Physical standards of health were based on Christian morality, interpreted and promoted by medical practitioners and secular practitioners alike.

Prior to professionalization, the public did not rely on physicians as the sole source of medical knowledge. American medicine was highly fractionalized internally and externally. Public confidence in physicians was undermined by the array of patent medicines, sectarian medical practices, and spiritual practices. There was no standard for treatment except for methods considered traditional, such as bleeding or purging. Bloodletting was used as treatment for a variety of ills, such as pneumonia or tuberculosis. Purging, particularly with laxatives, was used for gastrointestinal ailments. These methods were harsh and not guaranteed to be effective. In addition, there were no educational standards for physicians. Whether a practitioner received formal training or took one seminar class, they advertised themselves as a doctor. Therefore seeking treatments outside of traditional medicine was desirable. Based on the public's experience with traditional medicine, alternative and patent medicines seemed no less harsh or less effective. Physicians also created "doubt and distrust" by charging erratic fees for services, "in some instances by demanding more for our services than they are really worth, and in other instances so far undervaluing them…as to lead people to think

[12] Ibid 14.

that, when thus tacitly acknowledged to be worth so little, they may be in reality be worth nothing."[13]

Americans purchased tonics and pills, known as patent medicines, in an attempt to cure minor ailments. Patent medicines were heavily advertised and promoted branded products. They were often advertised through pamphlets, newspapers, health and wellness texts and other popular literature. The advertisements included a list of what the medicine treated, which was usually lengthy, and glowing testimonials from customers claiming that the medicine cured what ailed them.

For example, the *Farmers' and Mechanics' Almanac for 1862* lists five patent medicines on the cover: Dr. Wm. Hall's Balsam for the Lungs, Dr. Baker's Pain Panacea, Scovill's Sarsaparilla and Stillingia, or, Blood and Liver Syrup, Dr. Mott's Vegetable Liver Pills, and Dr. Roger's Fever Cure.[14] Within the almanac, among moon phases, recipes, and astrology reports, are testimonials from cured patients, along with advertisements for the medicines. Patent medicines were not actually patented and they were usually ineffective. The tonics and pills claimed to cure various ailments and injuries beyond the scope of what they were intended for. These medicines were not chemical in nature. They were usually derived from herbs or other natural sources. Dr. Wm. Hall's Balsam for the Lungs proclaimed: "It contains no opium, calomel, or mineral poison! And is safe for the most delicate child!"[15] The advertisement for Scovill's

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[13] F. Campbell Stewart, "The Actual Condition of the Medical Profession in this Country; With a Brief Account of Some of the Causes which Tend to Impede its Progress, and Interfere with its Honors and Interests," in *Medical America in the Nineteenth Century: Readings from the Literature*, ed. Gert H. Brieger, 70.

[14] *Farmers'and Mechanics' Almanac for 1862*., (Cincinnati: A.L. Scovill and Co.,1862.)

[15] Ibid 17.

Sarsaparilla and Stillingia, or, Blood and Liver Syrup contains "the names of physicians, all of high standing and extensively known, and who laud it as an alterative of unequalled efficacy" as well as a certification by a chemist and druggist who claims that "the ingredients are of vegetable origin," are of "prime quality" and "No mineral substance enters into the composition!"[16] Due to the harsh effects of laxatives and other chemicals used in traditional medical treatment, gentle patent medicines were preferable. Producers of patent medicines were aware of this and used it to their advantage to lure patients away from traditional doctors.

In another advertisement for Scovill's syrup within the almanac, a testimonial from Martin Robbins Jr. claimed that: "I tried various remedies and had two of the best physicians of the city, (one of them a professor in an Old School Medical College,) and they failed to give me any relief."[17] A testimonial for Dr. Wm. Hall's Balsam by Harriet Cummings asserts that traditional medicine failed her daughter, who had a "severe cold" and eventually "raised large amounts of blood from her lungs." She said: "We called in our family physician, but he failed to do her any good, and gave no hopes! We then called in a physician who is one of the most skillful professors in one of our colleges; he said that she could not get well! And gave no hopes of her recovery! And recommended Cod Liver Oil, which, he said, might ease her while she lasted; but it failed to give her relief."[18] The patent medicine producers were clearly targeting scholarly medicine and traditional practices. This was not difficult because medicine had not evolved a unified front, practice was not standardized and the public was unaware of the distinction

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16 Ibid 3.
17 Ibid 7.
18 Ibid 26.

between credentialed and quack physicians. The condition of the medical profession did not lend itself to public confidence.

In F. Campbell Stewart's address to the New York Medical and Surgical Society in 1846, he discussed what he believed to be the actual condition of the medical profession in the United States. Stewart was a prolific figure in nineteenth century medicine. He was educated at William and Mary College and received his medical education at Paris and Edinburgh. He invented a surgical instrument, published numerous articles and reformed two hospitals in New York, including Bellevue. He was also one of the founding members of the New York Academy of medicine and an advocate for professional cohesion.[19] In the address, he stated that medical men in the United States were in fact held in high esteem. It was the profession itself that was held in contempt by society. He said "That there is a great want of respect and regard for what is called the regular profession is, I think, abundantly manifested by the unconcealed and open efforts to injure it, as evinced both by the encouragement of quackery in all its multiplied forms and varieties, and by a constant endeavor to find fault with, condemn and ridicule the art and those who practice it." [20] Stewart acknowledged that the United States was behind other countries in terms of medical scientific knowledge and education. None of the

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[19] Samuel W. Francis, "Biographical Sketches of Distinguished Living New York Physicians: Ferdinand Campbell Stewart, M.D." The Medical and Surgical Reporter, No. 499, vol XV, no 12, (September 22, 1866), 249-253.

[20] F. Campbell Stewart, "The Actual Condidtion of the Medical Profession in this Country; With a Brief Account of Some of the Causes which Tend to Impede its Progress, and Interfere with its Honors and Interests," in *Medical America in the Nineteenth Century: Readings from the Literature*, ed. Gert H. Brieger, 63-64.

medical colleges in the United States were recognized by European schools and doctors from the United States were accorded the same status as medical students in Europe.[21]

During the nineteenth century, American medical schools competed with each other for students. They were reluctant to add additional courses and were primarily concerned with turnover. In effect, they were diploma mills.[22] The number of graduates from American medical schools increased fifty times over from the 1810s to the 1850s. This increased competition among doctors and created confusion for patients.[23] F. Campbell Stewart remarked that "many of our body fall into the gross error of considering that their individual success depends on decrying their professional rivals and indirectly leading patients to conclude that they alone, of all others, are able and capable of rendering effectual assistance."[24] This reduced the credibility of the rival doctor as well as the credibility of the profession alone. Furthermore, as Stewart and others agreed, there was a lack of healthy social interaction between doctors. Public disputes between doctors and branches of medicine were distasteful and curbed the progress of the medical profession, as well as the advancement of science.

Medical professionals realized that they needed to change the public perception and practice of medicine. Standardizing medicine reinforced the idea of the physician as a highly educated professional. Educational reform and the initiation of licensing, along with the creation of the American Medical Association in 1847, gave the profession

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21 Ibid 68.

22 Martin Kaufman, *American Medical Education: The Formative Years 1765-1910,* (Westport, Connecticut: Greenwood Press, 1976) 123.

23 William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science,* (Baltimore: Johns Hopkins University Press, 1992) 108.

24 F. Campbell Stewart, "The Actual Condition of the Medical Profession in this Country; With a Brief Account of Some of the Causes which Tend to Impede its Progress, and Interfere with its Honors and Interests," 70.

legitimacy. The American Medical Association was a nationwide professional association for doctors. The organization developed criteria for education in medicine and standards for the Medical Doctor degree. It also created a code of ethics for doctors. Uniformity of curriculum and training in medical schools gave physicians a sense of shared experience that helped to establish conformity and consistency within the profession itself.[25] By providing standardized services across the profession, they wanted to create an expectation of care that would differentiate secular providers from academically trained providers and unify professional physicians. By unifying the professional physicians, they would acquire social status, respect and authority.

Calls for reform in education and licensure as well as standardization of treatment played out in the pages of medical journals and medical texts. The professional journals illustrate medicine's transition to becoming a discipline based in science, with proven methodologies and treatments. For those invested in medical education, the call for reform began with the selection of the right candidates for the profession.

For example, Daniel Drake was a prolific American doctor and writer of medical literature. He helped to create the Medical College of Cincinnati and taught or lectured at various universities throughout the United States with the primary goal of improving medical education. Drake's 1832 book was a collection of essays titled "Practical Essays on Medical Education and the Medical Profession in the United States," which were first published in the medical journal that he founded, *The Western Journal of Medical and Physical Sciences*. In "Essay I: Selection and Preparatory Education of Pupils," Drake states that in the United States, "…almost every practitioner must be, at the same time,

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[25] Paul Starr*, The Social Transformation of American Medicine,* (New York: Basic Books, 1989), 102-123.

physician, surgeon, and apothecary." He discussed how this reality was ignored by those entering the medical profession and that "…it results that the ranks of the profession are in a great degree, filled up with recruits deficient either in abilities or acquirements…who thus doom it to a mediocrity, incompatible with both its nature and objects." Drake's opinion was that physicians and parents needed to evaluate the candidates more thoroughly and judge their competence for the profession. Parents perpetuated this problem when they encouraged their sons to become a doctor because they were ill-suited for other professions due to lack of intelligence or lack of fortitude. The ideal candidates for medicine "should have good constitutions" and "be endowed with vigorous and inquiring minds." Also, "It is especially and indispensably necessary that they possess, in a high degree, the faculties of observation and judgment, without which they can neither comprehend the principles of the science nor apply them correctly in the treatment of disease." Drake believed that a well-rounded classical education, including geography, philosophy, art, history and Greek and Latin, was essential in creating the kind of minds that would practice good medicine.[26]

Andrew Boardman was directly opposed to Daniel Drake in the necessity of a well-rounded classical education. Boardman was also a doctor practicing in the mid-nineteenth century. He belonged to the Phrenological Society of New York and published a book titled *A Defense of Phrenology*. In his controversial essay "An Essay on the Means of Improving Medical Education and Improving Medical Character" he examined the means and methods through with he received his medical education from Geneva

[26] Daniel Drake, "Selection and Preparatory Education of Pupils," in *Medical America in the Nineteenth Century: Readings from the Literature*, ed. Gert H. Brieger, 9.

Medical College. [27] The essay compares "the promises held out in the college circular as inducements to medical students and the mode in which those promises were fulfilled." Boardman found his medical education lacking in areas he considered highly important. For example, under the "Promise of the Circular" it was stated that students would "have a full supply of subjects for dissection." The reality was that "Not *a single subject* was provided for dissection, though students deposited money for them…" There was also only one "very poor subject" provided as a demonstration. While he feels that the study of language is "useful for training the mind" he does not see it as integral to the practice of medicine.[28] Instead what Boardman deemed necessary was the study of anatomy, physiology, theory and practice of medicine, material medica, surgery, obstetrics, chemistry and medical jurisprudence. He also included hygiene and outlined the terms and length of study for each subject. Boardman stated that medical school should "Insist on no qualification, as a pre-requisite to a medical diploma, which is not necessary to the practitioner of medicine, and insist on every qualification which is necessary." He also called for regulation for the "the whole course of medical education in accordance with what should be its objects, namely, to so instruct and train a set of men as to impart to them practical skill to fulfill the duties of physicians and surgeons." His essay also called for a test to be administered to every graduate by a board of examiners instead of medical teachers to ensure competency and for medical colleges to lose the "exclusive right of medical instruction, and subject them to the rivalry of individual talent and enterprise." The board would be appointed by the profession. Boardman also recommended the

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[27] Andrew Boardman, "An Essay on the Means of Improving Medical Education and Improving Medical Character" in *Medical America in the Nineteenth Century: Readings from the Literature*, ed. Gert H. Brieger, 25.

[28] Ibid, 26.

creation of one large unifying body which would regulate the profession and the teaching of medicine. [29]

During the nineteenth century, an abundance of prescriptive literature circulated among middle class audiences, including pamphlets, books and broadsides. Prescriptive literature included health and wellness texts, etiquette manuals and purity literature. These texts were created initially to provide caregivers within the home, such as wives and mothers, with the information they needed to treat injury and ailment. Over the nineteenth century they evolved to become advice books on a variety of issues and increasingly became directed at women. The majority of the physicians writing and publishing prescriptive literature for public consumption wrote about similar topics, such as chastity and temperance. Prescriptive literature and self-help and wellness texts were written by a wide scope of authors from within medicine and from the secular community. Books, pamphlets and advertisements had wide circulation. Doctors are credited as the authors of much of this literature. Whether it was a doctor with academic credentials or someone who had taken a few seminar classes and adopted the title, they were still listed as doctor. There was usually little background information on the author's education. However, the books were still read even when they were written by someone with no training in medicine. They were seen as reference books.

Middle class women or women who aspired to be in the middle class were the largest consumers of prescriptive literature because they were usually free from working outside the home and therefore had time to read and apply the advice. However, pamphlets and advertisements circulated among all classes of society. A large number of

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[29] Ibid, 35.

medical journals also circulated widely. Some journals were published by professionals for professionals. Others were published by professionals for public consumption.

The correspondence between professionals within these journals gives historians a picture of how medicine developed under the effect of scientific innovation and social pressure. Technological innovation created new inventions and methods, such as surgical procedures, that were debated amongst practitioners through the literature. Concurrently, patent medicines and alternative treatments, such as hydropathy, were heavily advertised with grandiose claims regarding their benefits. Physicians tried to debunk the claims and encourage the public to continue utilizing traditional medicine. The journals directed at the public serve as evidence of the developing patriarchal relationship between physicians and their middle-class clients. Physicians used their relationships with certain constituencies, particularly women and slaves, in order to legitimize their profession.

Chapter Two: Health and Wellness Texts in the Struggle for Medical Authority

The professionalization of American medicine during the nineteenth century rebranded medical knowledge as a precious commodity that only those deemed qualified by the professional association were capable of learning and disseminating. In the process, practitioners of folk medicine, particularly midwives, were aggressively marginalized by doctors. The relationship between women and physicians changed to a patriarchal one where the physician held power over women's healthcare. This extended to control over women through the physician as an authority figure in society.

There are many excellent monographs regarding American women in the nineteenth century. Nancy Theriot's *Mothers and Daughters in Nineteenth Century America: the Biosocial Construction of Femininity* (1988) examines the concepts of femininity and gender identity. At the beginning of the nineteenth century, women were expected to devote themselves entirely to their children. By the end of the nineteenth century, there was more emphasis placed on female individuality. *The Nineteenth Century Woman: Her Cultural and Physical World by Sarah Delamont and Lorna Duffin* (1979) considers the "relationships perceived between women's bodies and minds in nineteenth century thought, particularly in the biological and social sciences."[30] This book explicitly discusses the relationship between women and physicians as patriarchal.

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[30] Nancy M. Theriot, Mothers and Daughters in Nineteenth Century America: The Biosocial Construction of Femininity, (Lexington: University Press of Kentucky, 1988); Sara Delamont and Lorna Duffin, *The Nineteenth Century Woman: Her Cultural and Physical World*, (London: Croom Helm, 1978) 9.

During the early decades of the nineteenth century, women's healthcare was a blend of traditional folk medicine practices and scholarly medical practices. Women relied mostly upon other women to advise them about their reproductive health. Healthcare during pregnancy, childbirth and postpartum recovery was administered by midwives in the woman's home. Midwives were trained by other midwives, either through an apprenticeship or by assisting a midwife. Some learned simply through personal experience. However, during the period of professionalization, physicians made a concerted effort to replace female midwives with male midwives or with physicians, who were almost exclusively male. There was also a new school of thought that hospitals could be used to deliver babies more effectively than delivering them in the home. Doctors classified pregnancy as an illness. This push to replace midwife-assisted birth in the home to physician-assisted birth in hospitals was part of the effort to professionalize.

Obstetrics, the branch of medicine associated with pregnancy, childbirth and postpartum recovery, became a medical specialty during the nineteenth century. However, the practice of medical doctors assisting in births began as early as the seventeenth century. In Europe, after members of the royal and noble families began relying on physicians to assist in births, the middle class gradually adopted the same practice. New developments in anesthesia and surgery toward the end of the seventeenth century increased the options for dealing with difficult child births, such as the practice of cesarean section.

Gynecology has a much longer history, and relates to the study of the diseases associated with female genitalia. Research into the female reproductive tract and organs was severely hindered by cultural customs and religious beliefs throughout much of

human history. Inadequate anatomical research led to misconceptions about women's bodies and the uterus in particular. The differences between the female body and the male body were often used as a justification for subjugation.

For example, the uterus was nearly mythologized in fourteenth century Italy. In her book, *Secrets of Women: Gender, Generation and the Origins of Human Dissection*, Katharine Park argues that Italy was one of the few places where anatomical study was possible (albeit infrequent) due to funerary practices, religious rites, criminal proceedings and cultural customs. In fourteenth century Italy one's station in life depended on blood relations to the male head of the household. Therefore there was great interest in bloodlines and keeping the line of succession pure. A man had no way of verifying that the child his wife was carrying was actually his. Men believed that women had secrets inside of them, literally and figuratively. These secrets were seen as a source of female power. In drawings the uterus was often depicted as floating outside of the female body. Around the fourteenth century, male physicians began to replace female midwives as the primary caregivers to help women conceive, carry and deliver their children. Men felt more comfortable because they believed their interests were better served by having men take control of women's bodies. As medical knowledge increased, male physicians wrote textbooks and drew anatomical sketches designed to reveal these secrets and take the power of conception and childbirth away from the women[31].

Medicine has been used as a form of control over women and as justification for paternalism since antiquity. In the nineteenth century the concept of "hysteria" was applied to women for a wide and arbitrary scope of symptoms, such as expressing sexual

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[31] Katharine Park, *Secrets of Women*: *Gender, Generation and the Origins of Human Dissection*, (Brooklyn: Zone Books, 2006.)

desire or having a lack of sexual desire. However, the concept of hysteria has existed since the time of the ancient Greeks. It was used as a blanket diagnosis for any disease or disorder that was particular to women. The uterus was believed to be the source of all ills that women experienced, including hysteria. This belief persisted in the humoral theory of medicine created by Hippocrates and expanded by the Greek physician Galen, considered to be the founder of modern medicine. The humoral theory dominated medical education until the fifteenth and sixteenth centuries but some tenets were retained as late as the nineteenth century.[32]

Midwives were more compassionate and empathetic healers for women because most of if not all of them were female. They had innate knowledge of the ways in which women's bodies worked and they had developed experiential knowledge that prepared them to deal with special circumstances. In contrast, male physicians tried to deal with women's bodies in such a way as to not offend themselves or society. They were not empathetic to the practical concerns of female reproductive health.

By taking over the reproductive healthcare of women, physicians helped to solidify cultural changes that changed the role of women in society. In her book, *Mothers and Daughters in Nineteenth Century America*, historian Nancy M. Theriot argues that the role of women changed due to a shift in cultural values. In colonial times, the "quantitative rather than qualitative differences between men and women" defined a woman's role as wife and mother.[33] Although a man was considered to be inherently better, a man's wife was considered his helpmeet, a partner. Theriot says: "Although

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[32] Haller, John S., Robin M. Halle,. *The Physician and Sexuality in Victorian America*, (Urbana, University of Illinois Press, 1974.)

[33] Nancy M. Theriot, *Mothers and Daughters in Nineteenth Century America*, 17.

colonial women were not considered equal to men in intelligence, strength or even virtue, the differences between the sexes were seen as a matter of degree, not of kind."[34] Therefore, a woman was thought of as not as physically strong as a man, but not necessarily labeled weak in general.

The idea of the "helpmeet," a partner who was not equal but nevertheless regarded as an essential contributor to the household, evolved into republican motherhood during the revolutionary period. Republican motherhood added the task of teaching her children citizenship skills. However, this new dimension did not alter "the nature of her work, demand a special personality type, or celebrate women's reproductive capacity…"[35] In the early nineteenth century, doctors and scientists began to emphasize qualitative differences between the sexes. Differences between the sexes were attributed to the inherent anatomical differences between men and women. Because women were different in anatomical structure, it was believed that women were inherently different mentally and spiritually as well. "Motherhood became the most important symbol of true womanhood."[36] The concept of Imperial motherhood, where a woman best fulfilled her role in life by bearing children, keeping a home, and otherwise exhibiting feminine ideals, evolved out of these ideas.[37]

Imperial motherhood altered the nature of women's work. It demanded exhibiting a certain personality type and celebrated a woman's reproductive capacity. The most important function of a woman was to conceive carry and raise perfect children. The idea of childhood itself was redefined during the early nineteenth century. Childhood became

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34 Ibid.
35 Nancy M. Theriot, *Mothers and Daughters in Nineteenth Century America*, 18.
36 Ibid.
37 Ibid. 1-18.

the time when a person was the most impressionable and moldable. Therefore, any character defects in the child were attributed to the mother. Mothers were expected to be self-sacrificing and entirely devoted to their children.[38]

However, there were other cultural changes that affected the relationship between women and men. Men began working outside of the home and the realm of commercial activity became his sphere. Women presided over their home and children. They were no longer helpmeets in the same endeavor, each had their own sphere. In *Mothers and Daughters in Nineteenth Century America,* Theriot argues that: "The sentimentalization of the home and the woman in the home was an expression of new male needs stemming from the separation of work and home."[39] Women expanded their sphere of influence to include religion and school. They were seen as the source of morality and keepers of the faith within their home. This shift was not merely a default from the helpmeet role, but a response to cultural changes. Theriot feels that women had an equal role in redefining themselves. She states: "The cult of domesticity should be seen as a joint creation of women and men."[40] This conclusion can be debated, as women were politically and economically marginalized. Women had little choice in whether or not to participate in the role society assigned them. If they did not, they faced a life of poverty and hardship.

Although a woman's role was defined as being a perfect mother, couples commonly practiced birth control. In the nineteenth century, methods of contraception included sponges, douches, and homemade condoms. The primary methods of birth control were abstinence, coitus interruptus and abortion, even though abortion was

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38 Ibid. 19.
39 Ibid, 35.
40 Ibid.

illegal. Physicians advocated abstinence and rejection of sexually arousing activities. They went so far as to try to make contraceptives illegal. Theriot states: "... the newly organized medical profession, in a spirit of moralism that sought to maintain the connection between sex and procreation, began a campaign to outlaw contraceptive devices in the mid-century period."[41] Physicians also spoke out against abortion and campaigned for its criminalization. Although there were many women who were actively against abortion, the disapproval of medical doctors carried a weight that was perceived as legitimate and scientific. Sex was ideally infrequent and only engaged in for the purpose of conception. The reality was that couples were actively utilizing birth control to decrease the number of children that they had. The birth rate in America dipped dramatically in the 1830s through the 1880s due to birth control practices.[42] There were plenty of prescriptive literature texts that served as instruction manuals for effective use of birth control, such as *A Rational or Private Marriage Chart: For the Use of All Who Wish to Prevent an Increase of Family* by Daniel Winder, published in 1858.[43] Despite the common practice, physicians still spoke out against contraception. Using contraception directly conflicted with the new female ideal as wife and mother.

Midwives were the primary obstetric caregivers for women until the nineteenth century. Midwives did not receive formal training and they were not an organized group, largely because most did not consider themselves professionals. Instead, they relied upon their experiential knowledge and they were empathetic to their patients because they had

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41 Ibid, 41.

42 Janet Farrell Brodie, *Contraception and Abortion in Nineteenth Century America*, (Ithaca: Cornell University Press, 1994) 4.

43 Daniel Winder, (*A Rational or Private Marriage Chart: For the Use of All Who Wish to Prevent an Increase of Family*, Mansfield, OH: n.p., 1858.)

witnessed or experienced what their patients were going through. Childbirth took place in the home of the pregnant woman, where her family and friends were welcome. The process was seen as natural and communal. There was also no cultural stigma about a woman viewing another woman's genitalia. Men were not supposed to look at a woman's genitals, even when delivering medical care. Midwives used scissors and crochet hooks as tools during difficult births and there was no intensive surgical option if difficulties arose. Newly trained medical doctors used forceps, and this tool may have been a deciding factor for women to acquiesce to treatment by a physician during birth. However, there is evidence that the use of forceps was more painful for the woman and that it harmed the woman and her baby. [44] Ultimately, the technical training of the physician did not equate to greater care during childbirth.

The formally trained physician was no more successful than midwives at delivering babies. Supplanting midwives with doctors was a bid for superiority. It was proposed that the doctor should assist in childbirth because he had more education and training and therefore more knowledge than the midwife. Her experiential knowledge and her personal knowledge of female anatomy were discredited in an effort to gain support for the profession and create new clients for physicians. Standard treatment procedures such as bleeding and purging were still used on pregnant women. There was no anesthesia until the 1870s and doctors had no perfected surgical techniques to use. Not only were physicians technically inferior to midwives, they had a completely different view of childbirth. They believed that pregnancy was an unnatural state. As Theriot states: "Unlike midwives, most regular physicians believed that pregnancy and birth were

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[44] Nancy M. Theriot, *Mothers and Daughters in Nineteenth Century America*, 53.

precarious physical states always threatening to become pathological."[45] Therefore physicians exerted control over the entire experience of giving birth. They destroyed the communal concept of giving birth in a natural setting. Instead, labor and delivery became a private and unnatural experience that was eventually removed from the home and by the twentieth century most often took place in a hospital. The acceptance of this new paradigm of childbirth illustrates the passive and reduced role of women in nineteenth century America.

The new patient/physician relationship was patriarchal. By removing medical knowledge from the sphere of common knowledge, physicians created the public image of themselves as altruistic healers of the spirit and the body who were the only legitimate sources for knowledge about physical health. They allowed and encouraged this role to expand during professionalization, so that clients were seeking their guidance on spiritual and practical matters as well as healthcare. This gave physicians a huge influence over certain segments of the population. Women, particularly middle-class women who could afford the physician's services, became patrons of physicians. They trusted the physician's advice on how to care for themselves, their children and their husbands.

Relying on physicians for guidance prompted a change in the way that women saw themselves and the way that society saw them. Physicians helped create an ideal of womanhood that was centered on the inherent weaknesses and strengths of femininity. Physicians divided a female's life into four stages: girl, young woman, wife, and mother. For example, the popular *Sex and Self Series* of books was published in four volumes for women: *What a Young Girl Ought To Know, What a Young Woman Ought to Know,*

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[45] Nancy M. Theriot, *Mothers and Daughters in Nineteenth Century America*, 56.

What a Young Wife Ought to Know, and What a Woman of 45 Ought to Know. These books addressed health and wellness at each stage of a woman's life.[46] Physicians had advice for each role that females would have during their lifetimes. In general, girls and young women were expected to be obedient, passive and sanitary. They were expected to maintain chastity and live a life free from excitement and stress. Wives and mothers were expected to take care of their husbands, children and run and maintain a household.[47]

Having medically designed roles and functions in society reduced women's agency, both in society and over their own bodies. Scholarly literature reflected this change. Physicians wrote and spoke about the inherent physical weakness of women as opposed to men. They were described as sickly, delicate creatures that needed protection and guidance. However, they were also defined as the moral center of the household. They were responsible for the spiritual and moral wellbeing of their husband and children. It was believed that a mother's moral character and even the morality of her deeds would be passed genetically to her children. Women were instructed to live perfect lives in order for them to have perfect children. By fulfilling this role, they would help to create a perfect society.

These roles were delineated by physicians in the advice they gave during consultations as well as in popular literature. Physicians in nineteenth century America

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[46] Mary Wood-Allen, *What a Young Girl Ought to Know*, (Philadelphia: The Vir Publishing Company, 1897); Mary Wood-Allen, *What a Young Woman Ought to Know*, (Philadelphia: The Vir Publishing Company, 1905); Emma F. A. Drake, *What a Young Wife Ought to Know*, (Philadelphia: The Vir Publishing Company, 1908); Emma F. A. Drake, *What a Woman of 45 Ought to Know*, (Philadelphia: The Vir Publishing Company, 1902).

[47] Delamont, Sara and Lorna Duffin, *The Nineteenth Century Woman: Her Cultural and Physical World*, (London: Croom Helm, 1978.)

took such an active role in the lives of women because it was a niche that made them relevant. They took control over the knowledge and practice of women's health in the bid for recognition as a professional class. Their scope of control gradually increased through the publication of professional and popular literature where physicians weighed in on what made a woman beautiful, wholesome and clean. The health and wellness texts produced by nineteenth century physicians transitioned from encyclopedic instructional manuals for folk and home medicine practitioners to philosophical treatises on the correct way that women should appear, think and behave. Each book had a different slant on why the advice should be followed, but all books attempted to direct the role of women in society.

In the nineteenth century it became fashionable and profitable for American physicians to write health and wellness texts. For example, Dr. Ray Vaughn Pierce wrote *The People's Common Sense Medical Advisor in Plain English: or, Medicine Simplified* as a guide for healthcare performed in the home. Dr. Pierce was educated at the Eclectic Medical College of Cincinnati and he was a prolific marketer of his own patent medicines.[48] Although doctors proposed that supreme knowledge of medicine resided within the academically trained physician, women were the primary caregivers within their households. They were expected to treat immediate and extended family members who were ill, whether they had a fever or a broken bone. The health and wellness texts provided anatomical diagrams and instructions on how to make medicine, dress wounds, and described a wide variety of home remedies. These books were collected by public libraries and owned by private citizens. The professionalization of medicine increased the

[48] "Doctor Ray Vaughn Pierce," Buffalo and an Architectural Museum, accessed July 12, 2014, http://www.buffaloah.com/a/main/651/.

popularity of these texts because their reliability was increased in the public eye. Frauds and quacks took advantage of this popularity and published texts of their own. As medicine was still solidifying as a profession, it was difficult for consumers to determine who was actually a doctor.

Plain Home Talk: Embracing Medical Common Sense by Edward B. Foote, M.D. is an example of a health and wellness text written by a formally trained physician. This book was first printed in 1858 as *Medical Common Sense* and then again in 1870 as *Plain Home Talk: Embracing Medical Common Sense*. A revised version was printed in 1896. It was not unusual for a health and wellness text to change titles during the nineteenth century but the additional printings indicate that it was one of the more successful texts. This may have been because of Dr. Foote himself, who was a formally trained physician but wrote in a style that was easy to read. Foote was initially a newspaper editor but went to school to become a physician. He published his own medical journal, *Dr. Foote's Monthly* and wrote children's books about a boy doctor who taught children about anatomy. He was described as a free-thinker and an activist: "An early advocate of public hygiene and the general dissemination of physiological knowledge, Foote opposed the elitism of the medical establishment as anti-democratic."[49] *Plain Home Talk* is thus both a typical representation of health and wellness texts and also atypical for much of the advice and opinions that Foote gives.

In the preface of *Plain Home Talk*, Foote stated that he thought that medical writings "are generally a heterogeneous compound of vague ideas and jaw-breaking

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[49] "Foote, Edward B. (Edward Bliss) 1829-1906," Emma Goldman Papers Project, last updated March 7, 2009, accessed July 1, 2014, http://sunsite.berkeley.edu/Goldman/EditorsNotes/ebfoote.html.

words, in which the *dead* languages are employed to treat the *living* subjects."[50] This is reminiscent of the debate within the medical community on whether or not intense study of foreign language is essential to learning medical knowledge. Many doctors felt that they only needed to understand biomedical science and that studying liberal arts such as languages, art, and history was a waste of their time and money. Foote's book was written without much of the philosophical or spiritual elements that are present in other texts. This is because he was interested in the science of medicine and how it could best help the common man. His background reflects this. Other physician-authors who were associated with religious or faddish philosophies wrote their books with an agenda in mind.

It is also indicative of Foot's belief that medical knowledge should be accessible to all, a belief in contradiction to the goal of the American Medical Association. Established in 1847, the American Medical Association was the first professional group for practicing accredited physicians. The organization wanted to weed out the quack medical practitioners who were driving prices down and devaluing medicine in the public eye with patent medicines and ineffective treatments. The AMA was a proponent of medical knowledge remaining solely in the hands of the skilled and trained.[51]

Plain Home Talk is 959 pages broken into four parts and an appendix. It was written for women and men. Part one is "Disease-Its Causes, Prevention, and Cure." Part two is "Chronic Diseases-Their Causes and Successful Treatment." These sections are further broken down into chapters. In part one, Dr. Foote addressed such concerns as

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[50] Edward B. Foote, *Plain Home Talk: Embracing Medical Common Sense,* (New York: Murray Hill Books, 1877.)

[51] John Haller *American Medicine in Transition 1840-1910*. Urbana: University of Illinois Press, 1981.

ignorance, violating the moral nature, food, drink, atmosphere, clothing, bad habits, sexual isolation, unhappy marriage, impure vaccination, brutality and inhumanity, wealth, excessive pursuits and melancholy as causes of disease. Prevention of disease included mental and physical recreation, diet, sleep, cleanliness, pure air and sunshine and common sense remedies including vegetable medicines, therapeutic electricity and animal magnetism (hypnotism). He concluded part one with a review of doctors. Part two is an encyclopedic overview of disease and disorders and their treatments. Part three is his "Plain Talk" section where he discussed sexual organs and gave a comprehensive history of marriage, from Adam and Eve to marriage in the New World, including polygamy, sexual immorality and defects in marriage systems. Part four is "Suggestions for the Improvement of Popular Marriage, ETC." From this eclectic mix of subjects, it is clear that medical health and wellness texts in the nineteenth century encompassed a far wider range of subjects than medicine alone. This illustrates the broad scope of American society that medicine attempted to exert its influence over as it struggled to professionalize.

Foote's view of women is progressive and controversial for the time. Most health and wellness texts describe women as passionless while men are described as having an excess of passion. Thus, although abstinence was preached to both sexes, it was the woman's job to enforce moral behavior within the home. Foote did not believe that women were passionless and he did not believe in abstinence. In fact he believed that abstinence could cause disease, especially in women.[52] Foot believed that everyone needed a little "magnetism" which is what he called the attraction between sexes. He felt

[52] Foote, *Plain Home Talk,* 170

that it was good for men and women to interact in informal situations, unlike the strict and chaperoned way that others advocated for unmarried women.

Foote did not support the cultural changes that were making women subordinate. He does state that men and women experienced different physiological development due to their sexual organs and that these differences accounted for a man being physically stronger than a woman. He asks: "Could 'angels of light or ministers of darkness,' have believed that man would have taken advantage of the fact that to oppress and ever keep in a secondary position his less powerful companion? Yet such is the disgraceful spectacle presented in all history."[53] Foote discussed ancient Rome as an example, stating that Romans treated their women as morally and physiologically inferior while the barbarians treated women as only physically inferior, and that as the Romans began treating their women better, the empire grew stronger. "How, indeed, could it be otherwise?" he asks: "Were not the women the mothers of her sons?"[54]

In addition, Foote believed that women could be capable doctors, which was in opposition to the medical community. For those who believed that women could not be doctors, he devised this prescription: "common sense, justice, mind your business, mix."[55] He states: "The time is rapidly approaching, however, when the success of women in the practice of medicine will be so well established that no one will have the effrontery to question her capacity in this pursuit."[56] Foote's consideration of women may be most evident in his lack of chastising language or admonishments regarding female sexuality and gynecology. His belief that the effects of "annoyances, frights, or

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53 Ibid, 635
54 Foote. *Plain Home Talk* 638
55 Ibid 321
56 Ibid 323

sudden emotions of mind of the mother" are passed to the child is a result of his medical training and scientific knowledge of the time.[57] He equates the transmission to be like electricity through an electro-telegraph line, something tangible and not a reflection of the mother's competence, discipline or lack of morality. He also devotes only two pages in his book to the topic.

In contrast, the book *What a Young Wife Ought to Know* by Emma F. Angell Drake, M.D., covers the subject in multiple chapters and offers this advice: "While it has been proven that transient states of the parents have far less influence upon the offspring than fixed habits of mind, yet much can be done by way of amending defects, and fixing admirable and desired traits in character, which before had been transient, and thus influencing with greater power the minds of the offspring." Drake told women that from the day they were married their chief purpose in life was to conceive and raise children and that they should be happy and honored to carry out that function. She stated: "Otherwise she has no right or title to wifehood." [58] *What a Young Wife Ought to Know* discussed hygiene and health, developing intelligence, dress reform, the expectations that a husband has for a wife, marital relations, motherhood, the sin of abortion, and the moral responsibility of parents in heredity. To explain heredity, theories of Galton and Darwin were quoted along with gospel. Drake stated: "Visit our almshouses and reformatories, our orphanages, our idiot asylums, and get a few of the histories of the little inmates; trace them back for three, four or five generations, and see how unmistakably woe has generated woe, crime begotten crime, and disease brought forth disease."[59] Her point is

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57 Ibid, 865.
58 Drake,*What a Young Wife Ought to Know,* 101.
59 Ibid, 140.

that parents have the responsibility of creating better children to better society. However, social custom dictated that the mother was primarily responsible. Drake stated: "…the mother has a far greater influence we believe firmly."[60] Drake also argued that no sacrifice was too great to achieve this end. The mother, from the moment of conception, was required to live perfectly for and in service to her child. The health and wellness texts marketed to women were designed to aid women in this function.

What a Young Wife Ought to Know is part of the *Self and Sex Series*, a collection of health and wellness texts dealing with sexuality and etiquette. They were published by the Vir Publishing Company in America and England and the Ryerson Press in Canada during the late nineteenth and early twentieth centuries. There are eight books in the series, divided between books for men and books for women. The books for men include: *What a Young Boy Ought To Know, What a Young Man Ought to Know, What a Young Husband Ought to Know, and What a Man of 45 Ought to Know*. The books for women have mirrored titles: *What a Young Girl Ought To Know, What a Young Woman Ought to Know, What a Young Wife Ought to Know, and What a Woman of 45 Ought to Know*. The series was developed for each stage of a person's life so that they would be conceived properly, raised properly and conduct themselves properly in life according to the standards of the authors.[61]

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60 Ibid, 138.

61 Mary Wood-Allen, *What a Young Girl Ought to Know*, (Philadelphia: The Vir Publishing Company, 1897); Mary Wood-Allen, *What a Young Woman Ought to Know*, (Philadelphia: The Vir Publishing Company, 1905); Emma F. A. Drake, *What a Young Wife Ought to Know*, (Philadelphia: The Vir Publishing Company, 1908); Emma F. A. Drake, *What a Woman of 45 Ought to Know*, (Philadelphia: The Vir Publishing Company, 1902).

The *Self and Sex* series was an industry unto itself. The first book, *What a Young Boy Ought To Know,* was written by Sylvanus Stall, a Lutheran pastor. The book discussed hygiene, particularly sexual hygiene and warned against masturbation. It was a transcript of several sermons that he had recorded. Sylvanus Stall wrote all of the books for men. Mary Wood-Allen, M.D. and Emma F.A. Drake, M.D. wrote the books for women. Wood-Allen was the National Superintendent of the Purity Department Women's Christian Temperance Movement. Drake was a legitimate practitioner of medicine. She graduated from Boston Medical College, became a professor of obstetrics at a homeopathic college for a time, and practiced for twenty-five years. Wood-Allen wrote a second series of books called *Teaching Truth Series* for The Arthur H. Christ Co. publishers. The *Teaching Truth* books were written as fictional conversations that rehashed the advice given in the *Self and Sex* series, including temperance and purity. Stall wrote a book called *Successful Selling of the Self and Sex Series* to guide salesmen in proper conduct and increase book sales. The Self and Sex series is an example of quasi-medical advice coupled with activism, specifically temperance and purity.

By the twentieth century, the health and wellness texts had become instructional manuals that included etiquette and housekeeping. Some texts were part of propaganda campaigns for progressive movements or activist factions. The authors of advice books wrote as though all of their readers shared their socioeconomic status and had equal opportunities to pursue treatments and adhere to the advice. Each book was colored with the author's personal beliefs and bias. In fact, the texts cannot be seen as a reflection of reality but an ideal of how one should think and act. Each text varied from author to author. Some were little more than promotional materials for clinics or patent medicines.

For example, in *The People's Common Sense Medical Advisor,* there are testimonials from satisfied clients as well as advertisements for Dr. R.V. Pierce's Invalids Hotel.

Other texts, such as *Viavi Hygiene* by Hartland and Herbert Law gave general advice for living healthfully as well as medical advice based around their own patent medicines. The authors interspersed their own personal philosophies about religion and responsibility as part of treatment and right living. The text was written for men, women and children, but as the primary consumers of health and wellness literature, the female head of the household was the typical consumer. Many texts would give directions for the wife and mother to communicate this knowledge to her children and husband.

The first chapter lays out eight rules that they consider to be "Life's Responsibilities." The first is the Golden Rule, which discusses that human beings have responsibilities toward others as well as to themselves. The second is that life has a dual function, and that: "The responsible person who is negligent of his health, wasteful of his powers and careless of the habits that build or destroy body and character, is not only useless as a member of society, but beyond a certain limit becomes a pernicious influence." They then discuss "Reverence for Life's Source" and "A High Conception of Life," which consider appreciating life and the world as an incomprehensible gifts and having reverence for God and his works, of which human beings are one. They also declare that it is necessary to use one's God-given talent to fully live and to live with caution in youth so that one does not pay for sins in middle or old age. With the "Wholesome Results of Knowledge" rule they state: "One who has acquired an understanding of right living is not only strong and wholesome and clean for the discharge of those duties which make one a useful member of the family and society, but

his or her example is an instruction and an inspiration to all others." The concept of heredity and wholesome living is paramount throughout the book. Law wrote: "If we violate natural laws, knowing our acts to be violations, we transmit to our children the tendency to do likewise." [62] This book typifies the ideological shift toward self-improvement that the professionalization of medicine capitalized upon.

The Viavi text was meant as a companion piece to the Viavi patent medicines. There were Viavi capsules, Viavi laxatives, and Viavi tonics and douches, as well as other products. Neither Herbert nor Hartland Law was an accredited physician, although Hartland added the "M.D." to his name. However, their book and their ineffective medicines were a great commercial success for many years. The American Medical Association attempted to publicize the cases of Viavi patients dying from lack of treatment to curtail sales, but it was ultimately ineffective at shutting the company down.[63]

Medical authority deemed women weak and inferior. Historian Lorna Duffin states: "The image of the woman as an invalid, as weak, delicate and perpetually prone to illness, could not have been maintained without the support of the medical profession. Medical theory thus functions as a social force helping to shape the options and roles available for people."[64] Doctors shaped the options and roles with the prescriptive materials they published. This material did not affect women alone. Duffin also states that: "Throughout the nineteenth century science in general and medicine in particular

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62 Law, Hartland and Herbert. *Viavi Hygiene for Women, Men, and Children.* Chicago: Robert Law Printers and Binders Company, 1905.

63 "The Medicine Barrel," Pharmacopeia, 8, Fall 2002, Cabinet, http://www.cabinetmagazine.org/issues/8/collins.php.

64 Sara Delamont and Lorna Duffin, *The Nineteenth Century Woman: Her Cultural and Physical World*, (London: Croom Helm, 1978) 26.

were invoked to justify the social inequalities imposed by race and class as well as sex."[65] This is evident in the prescriptive literature targeted to a female audience. It is also evident in the literature published regarding enslaved Africans in the Antebellum South. Women actively wrote, consumed and believed in the prescriptive literature that was targeted at them. Enslaved Africans were passive subjects for medical opinion and judgment.

[65] Sara Delamont and Lorna Duffin, *The Nineteenth Century Woman: Her Cultural and Physical World*, (London: Croom Helm, 1978) 27.

Chapter Three: Nineteenth Century Physicians and the Enslaved

Similar to the way physicians attempted to dictate the role of women in society through health and wellness texts, physicians in the antebellum South played a role in legitimizing the dehumanization of the enslaved through their professional and popular publications. Medicine helped to define the degree of humanity of different races in general and African Americans in particular. Some physicians branded African Americans as subhuman or animalistic.[66] Ethnology, a branch of anthropology, analyzed the differences between ethnicities. The physiological differences between ethnicities, such as brain size, were used by some scholars and physicians of the nineteenth century to declare the white race superior. However, this idea was elaborated upon to include psychological differences as well.

Physician and surgeon Josiah Clark Nott and Egyptologist George Robins Gliddon wrote a book in 1855 called *Types of Mankind: or Ethnological Researches, Based upon the Ancient Monuments, Paintings, Sculptures and Crania of Races, and upon the Natural, Geographical, Philological and Biblical History*.[67] *Types of Mankind* relied heavily on the work of anthropologist and physician Samuel Morton, who utilized craniometry data to prove the superiority of Caucasians above all other races. Craniometry used measurements of cranial features to make inferences about intelligence

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66 Katharine Bankole, "The Human/Subhuman Issue and Slave Medicine in Louisiana," *Race, Gender and Class,* 5, (no. 3, 1998): 9.

67 Josiah Clark Nott and George Robins Gliddon, *Types of Mankind, or Ethnological Researches, Based upon the Ancient Monuments, Paintings, Sculptures and Crania of Races,* (Philadelphia: Lippincott, Grambo and Co., 1855.)

and morality based on brain size. The theory implied that the larger the brain, the more superior the being.

Nott and Gliddon used Morton's research but included their own data and illustrations and developed a more extensive theory about ethnicity. According to the authors, "Ethnology demands to know what was the primitive organic structure of each race? –what such race's moral and physical character? –how far a race may have been, or may become, modified by the combined action of time and moral and physical causes? – and what position in the social scale Providence has assigned to each type of man?"[68] Nott and Gliddon did not believe that there was a "common origin" for man; they were polygenists who believed that each race descended from a different ancestor.[69] They believed the ethnicities to be distinct from each other and that they were shaped by the flora, fauna and geography of the places where the ethnicities were located.

This book became an essential source for racial supremacists and southern slaveholders who wanted scientific justification for the enslavement of African Americans. Without reservation, Nott and Gliddon felt that the enslavement of African Americans was completely justified based on the ethnicity's weaknesses and strengths. They were not as intelligent as the Caucasians due to their small brain size; however, they were perfectly suited to laboring in hot, humid climates due to their physical characteristics. Though they were malnourished and undeveloped in Africa, their condition was improved by being brought to the United States.

In the book, Nott and Gliddon recalled a meeting with famed South Carolina politician and slaveholder, John C. Calhoun. They noted that Calhoun informed them of

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68 Ibid, 49.

69 Ibid, 50.

England's interference with "our inherited Institution of Negro Slavery" and requested Gliddon's expertise on the matter to prepare him for debate.[70] According to the authors, Calhoun "…was convinced that the true difficulties of the subject could not be fully comprehended without first considering the radical difference of humanity's races, which he intended to discuss, should he be driven to the necessity."[71] Calhoun's "personal observations" and his analysis of the races throughout history were "corroborated by the teachings of modern science."[72] In the chapter on African types, Nott and Gliddon argued that Africans may only be regarded as "primitive" until evidence that the ethnicities came from one origin was discovered.[73] In the chapter on Negro types they make comparisons between the "ordinary field-Negroes of the United States" and animals.[74] They concede that members of the race who were imported as slaves or who were born into the United States have improved in both intelligence and physique due to their "ceaseless contact with the whites."[75] Nott and Gliddon felt that contact with whites domesticated the Africans, as animals were domesticated, but that they would never transform into members of the Caucasian race. They would always retain inferior status based on these scientifically proven theories.

Nott and Gliddon were dismissive when dealing with scholarly criticism of their work. For example, they disregarded a dissenting opinion about whether Africans would develop brain as large as Caucasians by simply stating: "This unscientific assertion is

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70 Ibid, 51.
71 Ibid.
72 Ibid.
73 Ibid, 180.
74 Ibid, 260.
75 Ibid, 260.

disproved by the cranial measurements of Dr. Morton."[76] While Nott and Gliddon were scholars, their adherence to the theory of racial superiority was based on their beliefs. They were proslavery and believed in white racial superiority. They selected and interpreted the evidence the way that they needed to in order for their beliefs to be affirmed.

After the success of *Types of Mankind*, the book *Indigenous Races of the Earth; or, New Chapters of Ethnological Inquiry* was published in 1857. Five men made contributions: George Robins Gliddon, archaeologist Louis Ferdinand Alfred Maury, medical doctor and professor of medicine James Aitken Meigs, Josiah Clark Nott, and writer and politician Ferencz Aurelius Pulszky. [77] The sources included research from philology, iconography, cranioscopy, paleontology, pathology, archaeology, comparative geography and natural history. This book was organized as an edited volume with each man making a contribution. *Indigenous Races of the Earth* upheld the same theories in *Types of Mankind* by including the research from Nott and Gliddon as well as the reiteration of their assertions in other chapters. Again, this book affirmed the inferiority of Africans and advanced the theory that slavery was a beneficial institution for them.

Although the Nott and Gliddon books were popular with racial supremacists, the scientific community had mixed reactions to their work. Many people disagreed with their theories. For example, a medical doctor named Abraham Coles published a dissenting opinion in the May, 1857 issue of the *Medical and Surgical Reporter* entitled

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[76] Ibid, 260.

[77] Josiah Clark Nott, *Indigenous Races of the Earth*, (Philadelphia: J.B. Lippincott & Co., 1857.)

"The Negro-A Distinct Species."[78] Coles received his M.D. from Jefferson Medical College in Philadelphia and practiced medicine in New Jersey.[79] He was president of the New Jersey Medical Society and was a prolific author of literary and medical papers as well as hymns and poems.[80]

In the opening paragraph, Coles stated that it was commonly known that Nott and Gliddon were supporters of slavery and he went so far as to assert that if it was not for the proslavery motive, these books would "never have seen the light of day."[81] Coles also disapproved of their anti-Christian dogma. He stated: "Here are parties, upholders of slavery. With that strong leaning and bias of heart which they have toward their favorite institution, eager to justify it, they seize with avidity upon everything which makes for their creed. Since the doctrine which asserts the natural equality and brotherhood of man is judged to militate against the claims of slavery, they are opposers of it."[82] Coles described their uncontained excitement and feverish research as emotional and irrational behavior that did not justify disregarding all existing contradictory research.[83] He discussed their writing style as being distinctly American in the use of loaded language and not adhering to scholarly standards. However, despite being critical of their proslavery motives, most of his rebuttal to the Nott and Gliddon books was centered their rejection of religion.

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78 Abraham Coles, M.D., "The Negro-A Distinct Species," *Medical and Surgical Reporter,* May, 1857, 1-37.

79 "Dr. Abraham Coles" http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=47042856

80 B & L Rootenberg, Rare Books and Manuscripts, "Coles, Abraham, M.D., L.L.D." http://www.rootenbergbooks.com/shop/rootenberg/12083

81 Abraham Coles, "The Negro-A Distinct Species," *Medical and Surgical Reporter,* (May, 1857): 5.

82 Ibid, 6.

83 Ibid, 8.

Coles wrote about Nott and Gliddon's rejection of religion for over twenty pages of the article. He interjected scientific knowledge that corroborated the bible but also included his interpretation of the knowledge. He discussed the scientific disciplines and the history of the Earth and its flora and fauna that has been verified and accepted by archaeology, botany and other sciences. For example, he makes a reference to people in the past not believing that there could be giant lizards that once walked the Earth.[84] Coles was a deeply religious man, but he respected the discipline of natural science.

Towards the end of the article, he returned to the subject at hand, asking: "The African, is he not a man, created like thyself in the image of God, and able to be made a temple of the Holy Ghost?" He dismissed the idea that the African was developmentally between the stage of man and monkey.[85] At this point, his rebuttal mixed science and religion but was heavier with science. He reviewed the "slender" evidence presented in the Nott and Gliddon books and judged it inconclusive. The cranial measurements may stand, but they do not prove the thesis.[86] His conclusion is that their research is flawed and that Nott and Gliddon have rejected religious teaching unnecessarily. Coles reiterated that Africans are men and that they descended from the same common origin.

Coles was not alone in the medical community. Although opinion was split, there were many physicians who believed that African Americans were men and were descended from a common ancestor. Ethnological theory was hotly debated in professional journals. The institution of slavery made the issue complex. It created a

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84 Ibid, 27.
85 Ibid, 29.
86 Ibid, 30.

distorted, exploitive role for the physician in the South. Medicine for the enslaved was altered to fit the interests of the slave-owner.

Slaves were valuable possessions and therefore the slave-owners sought medical care for their slaves. Katharine Bankole's article "The Human/Subhuman Issue and Slave Medicine in Louisiana" discussed the way that some physicians advertised and set special fees for enslaved patients to encourage their owners to bring them for treatment.[87] Medical care available to the enslaved included folk medicine and traditional medicine, which was provided by a physician on plantations and in hospitals. Health and wellness texts also provided a role in medicine for the enslaved. Bankole states: "Medical, industrial and agricultural journals and pamphlets provided physicians and slaveowners with information and instructions regarding their own medical care and the perceived "special' medical care needs of people of African descent."[88] However, there were no American texts specifically dealing with Africans.[89] The special needs of the African patients were fabrications of biased physicians who were themselves racial supremacists. Plantation owners and slave-owners, in general, simply wanted to keep their slaves healthy because they were valuable.

One text that directly addressed the issue of healthcare for the enslaved was the 1802 text *Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies.* This text was published in London by an author known only as Collins, who claimed to be a professional planter. The text is divided into two parts: the management of slaves, which dealt with diet, housing, breeding, labor and similar topics,

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87 Bankole, "The Human/Subhuman Issue and Slave Medicine in Louisiana," 4.

88 Bankole, "The Human/Subhuman Issue and Slave Medicine in Louisiana," 10.

89 Todd Lee Savitt, *Medicine and Slavery: the Diseases and Health Care of Blacks in Antebellum Virginia,* (Urbana: University of Illinois Press, 1978), 15-16.

and healthcare. The author addressed the lack of texts regarding medicine and Africans at the start of the healthcare section. He wrote: "It appears a little extraordinary, that, notwithstanding there have been at all times a great many gentlemen of professional abilities in the West India islands, fully competent to the undertaking, yet none have devoted their pens very particularly to Negro disorders."[90] He stated that existing treatises on diseases in the West India islands were based on case histories and treatments for whites. He pointed out that since these treatments were based on access to medical care and recovery time, they cannot be used as effectively on the enslaved. In his opinion, Africans were better suited to heat and were better at fighting fevers, when they caught them at all. He then named many ailments and a treatment that the enslaved withstood with better fortitude than their white counterparts and based on this evidence concludes: "It is difficult to account for this otherwise than by supposing (which is probably the case) that animal sufferings derive a great part of their activity from the operations of the intellect. If so, uncivilized man is not without his advantages, perhaps, equivalent to any that we enjoy." Collins believed that although slaves were similar to whites, they were biologically different, although he admitted that no evidence of this difference had been found through anatomical study.[91] This early text illustrates that medical theory was already divided over the basic humanity of imported African slaves and that the differences in susceptibility, immunity and presentation of symptoms between blacks and whites created a powerful distinction between the two races. Articulated in medical journals and texts, the ideas were given legitimacy.

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[90] Collins, *Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies,* (London: J. Barfield, Wardour Street, 1803) 232.

[91] Ibid, 233.

Physicians often diagnosed Africans with diseases and ailments that the physicians reframed to be specific to their race. For example, Bankole discussed the work of Samuel Cartwright, a pro-slavery physician. Cartwright believed that slavery provided the only conditions that allowed Africans to thrive. She states: "Cartwright identified the illness 'Negro Consumption' as being in no way related to the consumption condition experienced by the White race. Cartwright went further to distinguish 'Negro Consumption' as being caused by the superstitious beliefs held by Africans that they had been somehow 'poisoned.'" Not only does this differentiate African physiology from white physiology, it places blame. If Africans contracted Negro Consumption, which was no different than general consumption, it was their fault for having superstitious beliefs. This blatant reframing of disease was not atypical. In general it was not believed that slavery had physical or mental effects on the enslaved. Therefore any weaknesses or defects were inherent to the race. To explain passive resistance tactics used by the enslaved, "Cartwright also discussed the disease entitled 'Drapetomania' - the disease causing Negroes to run away." Damaging equipment or crops was also a symptom of Drapetomania.[92] Cartwright and white racial supremacists advanced the idea that slavery was good for them.

Physicians who supported ethnographic theories helped to shape public opinion by giving legitimate weight to them. Creating the idea that disease could differentiate between the races was a powerful tool for manipulating support for the theory that at best, Africans were not equals and at worst, Africans were not completely human. Bankole states: "The idea of a superior White race (momentarily laying aside ethnic European

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[92] Bankole, "The Human/Subhuman Issue and Slave Medicine in Louisiana," 5.

ancestral rivalries) was useful in justifying the institution of enslavement, the treatment of African people (enslaved and free), and the attempted enslavement and subsequent removal of Native American people."[93] By supporting these ideas, physicians were participated in these agendas.

In the late twentieth century, scholars re-investigated the relationship between medicine and slavery to provide a more balanced and realistic picture of healthcare during slavery. Todd Lee Savitt's, *Medicine and Slavery: the Diseases and Health Care of Blacks in Antebellum Virginia,* is a comprehensive study of antebellum healthcare practices for African Americans and the enslaved. [94] He compared diagnosis, treatment and recovery statistics between free African Americans and slaves, as well as between white patients and black patients. Savitt does concede that "Modern medical scientists have in fact shown ethnic variations do exist" for disease susceptibility.[95] However, he ultimately concluded that parasitic and infectious disease susceptibility was the same between both whites and Africans and that treatment was similar or identical. Savitt also examined the professional and popular literature regarding healthcare for Africans. Although they were mentioned in health and wellness texts there was not a dedicated text for those of African descent. Savitt believes this to be because medicine was still "trial and error," because each patient reacted differently and it was hard to generalize to the whole race, and because it was in the best interest of the slave-owners to keep knowledge of physiological similarities between whites and Africans minimal. [96] Instead, physicians

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93 Bankole, "The Human/Subhuman Issue and Slave Medicine in Louisiana," 6.
94 Todd Lee Savitt, *Medicine and Slavery.*
95 Todd Lee Savitt, *Medicine and Slavery, 10.*
96 Todd Lee Savitt, *Medicine and Slavery,* 17.

communicated their findings through agricultural, commercial and medical journals.[97] Savitt wrote a second book, published in 2007, on race and healthcare entitled *Race and Medicine in Nineteenth and Early-Twentieth Century America*. The book examines the ways that, well into the twentieth century, medical treatment for African Americans was shaped by racist scientific theories from the nineteenth century.

Recent scholarship has also considered the relationship between enslaved women and medicine. Marie Jenkins Schwartz's book *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (2006) contends that slave owners took a special interest in fertility, pregnancy and childbirth after the United States outlawed the importation of slaves in 1808. Schwartz states: "By the mid-nineteenth century, slaveholders had become aware of increased professionalism among medical doctors…" and they sought medical expertise to deal with fertility and childbirth. "Doctors responded, putting themselves forward as scientific caregivers who were uniquely to be trusted with African American women's ailments."[98] Physicians cultivated reciprocal relationships with slaveholders. They sought "financial security and professional status," and slaveholders provided a large pool of clientele.[99] Within the female slave segment, physicians treated infertility, pregnancy, childbirth, gynecological complications from pregnancy and childbirth, menstrual disorders and cancer. They used the same treatment measures such as bleeding and purging as they did on white female patients. Schwartz discusses the resentment that enslaved females had toward physicians, not only as agents of the slaveholders but for removing obstetric medical care from female hands and using

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97 Todd Lee Savitt. *Medicine and Slavery, 21.*

98 Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South,* (Cambridge, MA: Harvard University Press, 2006) 1.

99 Ibid, 2.

harsh treatments instead of traditional African medical practices.[100] Discrediting these practices was important to solidify the position of the doctor as the primary medical authority. According to Schwartz, doctors "…attempted to use biological science and learning to uphold power relations in the South, and they asserted their professional status by classifying as ignorant the folkways of slaves and black women's knowledge of their own bodies."[101] Enslaved women resisted medical interference by attempting to hide their illnesses, even when they were in great pain or critically ill. They struggled to maintain the little control they had over their own bodies.

For example, J. Marion Sims, who is considered to be the father of modern gynecology, used enslaved women as test subjects. In particular, he perfected a surgical technique designed to repair vesico-vaginal fistula, a tear from the bladder to the vagina, which occurred from obstructed labor. The condition caused women to leak urine constantly and as a consequence their quality of life was diminished. They often removed themselves from society or were outright ostracized. The injury occurred in women from all demographics although enslaved women were particularly susceptible due to their poor healthcare and nutrition. Sims created a small hospital in his back yard and, with permission from the slaveholders; he obtained seven enslaved women with vesico-vaginal fistula. He operated without anesthetic or hygienic surgical procedures and nearly killed the first patient. Although he was ultimately successful at curing the fistula of his

100 Ibid, 2-4.
101 Ibid, 4.

final patient, he was unable to replicate it in women who were not enslaved, because the pain was too great for them to withstand the operation.[102]

In his book, *Clinical Notes on Uterine Surgery: With Special Reference to the Management of the Sterile Condition* (1871) J. Marion Sims discussed the fistula surgery and how it evolved.[103] There is no mention of the enslaved women who he used as experimental patients. The word "slave" is never written and Negro only mentioned once.[104] He simply called them "the patient."[105] He discussed his invention of the speculum which allowed him to see the vagina properly while the patient was positioned uncomfortably, on her hands and knees. This instrument was not improved upon until later when he had a better class of clientele. He states: "During my residence in Alabama, up to 1853, I had no need of any better form of instrument, or any other position for its application…" but when he relocated to New York he decided that the crude speculum and position would not be practical for common treatment and examination of the uterus. This was due to the fact that "…for while a patient afflicted with such a terrible infirmity as vesico-vaginal fistula is ready and willing to be placed in any position…this kneeling posture would be quite out of the question in the treatment of the simple forms of uterine disease, as they occur in the higher grades of life."[106] Sims' language and tone clearly indicate his lack of respect, not only for the enslaved women who assisted him against their will but for enslaved Africans as a whole.

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102 Durrenda Ojanuga, "The Medical Ethics of the 'Father of Gynaecology', Dr. J. Marion Sims," *Journal of Medical Ethics* 19, (no. 1, March 1993): 28-29.

103 J. Marion Sims, *Clinical Notes on Uterine Surgery: With Special Reference to the Management of the Sterile Condition*, (New York: William Wood and Co, 1871.)

104 Ibid, 29.

105 Ibid, 13-17.

106 Ibid, 17.

There were many physicians and scientists who did respect and acknowledge the humanity and potential of enslaved Africans. However, medical practitioners in the South confirmed the racial supremacist ideology of southern slave holders because it was beneficial to the profession. They enjoyed the status that came from controlling the unique knowledge of race-based healthcare. They enjoyed access to a large pool of clients, which was financially lucrative and benefitted their research. Slaves were required to submit to the heroic medical practices of professional doctors but they did so with reluctance and avoided them when possible. The dearth of medical research and scientific speculation that was published during the nineteenth century reflects the biased opinions of a small subset of the population that was nevertheless able to penetrate into American culture and create lasting prejudice and inequality.

Conclusion

In nineteenth century America, the professionalization of medicine created and elevated the status of doctors within American society, resulting in increased authority and public respect for the profession. This transition manifested through the publication of professional and popular medical literature published between 1840 and 1910 that dictated and reinforced cultural norms related to the practice of medicine. The perception of women and the enslaved was affected by the professionalization of medicine and was reflected through various publications, which gave a public voice to men of science and medicine.

While these voices were not always the loudest or representative of the majority, they carried weight that allowed them to penetrate into the psyche of American culture. This is due to the glut of professional and popular literature published from the middle of the nineteenth century to the beginning of the twentieth century. Authors who were tied to certain factions, such as purity movements or slaveholders, emphatically supported those factions utilizing scientific data, medical knowledge and personal philosophical and religious beliefs to construct a supporting framework for their ideologies. Because doctors were perceived as the one true source for medical knowledge and instructions on right living, they were unconsciously given enormous power by the public to shape society as they saw fit. Doctors were conscious of taking this power, however, because it helped to solidify their position within society as a professional class of elites.

The professionalization of medicine in nineteenth century America is discussed by historians as a major turning point in American medicine. The profession was a able to define itself by creating sharp distinctions between quack providers. Professional doctors

were licensed, which meant that they had received a standard education and practiced traditional medicine as defined by the tenants of biomedical science. Professional cohesion was enhanced by the formation of professional associations, such as the American Medical Association and the circulation of professional journals. Through popular literature, quack medical practitioners, homeopaths and patent medicines competed with them, educated doctors created a unified front. They separated their services from those of uneducated professionals by creating an image of supreme authority and high quality. This translated indirectly into an increased status within society for medical professionals.

Doctors were essential in legitimizing the changed role of women through health and wellness texts. Prescriptive literature changed the public perception of women. Health and wellness texts and etiquette manuals described the ideal woman as weak, passive and deferential to male authority, particularly the physician's authority. Women fulfilled their highest obligation to society by becoming perfect mothers who raised perfect children. At the beginning of the nineteenth century, the health and wellness texts were instructional manuals designed to help women provide home healthcare. This was no longer necessary when physicians became the source for knowledge regarding the care of the human body. By the middle of the century, texts transitioned to include advice on how to eat, how to behave, how to dress, and how to think, because doctors were attempting to treat the soul and mind as well as the body. These texts helped to redefine women's role in society by disseminating ideas about how a woman was to behave and conduct herself. Women consumed these ideas and emulated them for other women, particularly their daughters. The notion that women were inherently physically inferior

but morally superior widened the scope of their influence. The wellbeing of the home and everyone in in was the domain of the woman. The successes and the failures were her responsibility. Women were encouraged through professional and popular literature to rely on physicians to guide them in these responsibilities, which women did. This reliance was partially responsible for the successful rise of doctors as a professional class.

The market for physicians in the antebellum South provided doctors with opportunities to sell their services in hospitals and on plantations. Slaveholders were motivated to keep their slaves healthy because they were valuable and difficult to replace, which crated a large clientele for doctors. Although much scientific literature circulated regarding the racial inferiority of Africans, there were no health and wellness texts and few articles in medical journals regarding medicine and Africans. Instead, slaveholders and doctors looked for articles in nontraditional sources such as agricultural journals. Doctors contributed to the perception of Africans as inferior by endorsing theories of racial inferiority. These theories were perpetuated through periodicals and books as well as social custom. There were many physicians and scientists who did respect and acknowledge the humanity and potential of enslaved Africans. However, medical practitioners in the South confirmed the racial supremacist ideology of southern slave holders because it was beneficial to their profession financially and socially. The professional and popular literature that was published during the nineteenth century reflects the biased opinions of a small subset of the population. However, under the guise of scientific and medical authority, these opinions were able to penetrate into American culture and create lasting prejudice and inequality.

The professional and popular literature produced during the nineteenth century captures the struggle for the professionalization of medicine and the cultural changes that resulted. Medical knowledge was redefined to become an exclusive commodity. Laypeople and folk practitioners could not provide good medical care because they had not benefitted from medical schools, they did not belong to professional medical associations or contribute to professional journals. Only the educated, licensed professionals were capable of preventing, diagnosing and treating illness. Women, particularly middle class women, accepted this and not only allowed doctors to assume control of their medical care, they actively participated by patronizing these doctors and contributing to the literature by writing wellness texts of their own. Even female credentialed physicians wrote literature supporting the subordination of women. The enslaved were passive participants in the professionalization of medicine. Southern doctors reinforced the cultural dogma of racial superiority and practiced medicine divided by race. Diseases were considered differently based on the race of the patient. The literature was scanty but when available treated the inferiority of the enslaved as a scientific fact. Health and wellness texts, professional journals, newspapers and pamphlets were instrumental in the professionalization of medicine and the resulting changes in society.

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